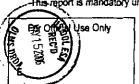
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

-This-report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4595	2. Fiscal Year Covered From:	
,	7/7/200 Through: [2/31/200]	
3. Name and ──tress of person filing.	4. Name, file number, and address of labor organization.	
Name Angel II. Rivera	Name Screen Actors Guid	
	Labor Organization File Number 000-13	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 136 S. Lanco Drive # 102	Street 5757 Wilshire Blud.	
City Bevery Hills	City LA	
State CA ZIP Code + 4 90212	State (A) 21P Code + 4 90 036;	
5. Position in labor organization.		
-		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on panalties in the instructions.)		
Signed and I	on 5/12/05 322-549 6142	
	Date Telephone Number	

Name of Person Filing Angel Kivera		File Number U- 000-113	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name ASSOCIATIONA AMES CALL ADVENTISING THE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 405 Cexing on Ave. City 21P Cods + 4 1/2/74	9. Business deals with: (A) (C) a. Labor Organiza b. Trust c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Cods + 4	11.b. Approximate dollar value of interest had the control of the	eles to jarticifate in a lisory Board Uty. The of such dealing. 130	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		